



## Out-of-Country Spouse Form

Subscriber Name \_\_\_\_\_

Basic Health ID \_\_\_\_\_

☐ My spouse does not live in the United States.

I understand that if my spouse moves to Washington State to live with me, I must notify Basic Health within 30 days. By signing this form, I authorize Basic Health to verify this information with other state or federal agencies.

I understand that if I submit false information:

- My family and I may lose our coverage; and
- I may be financially responsible for additional premium payments; and
- I may be required to pay for services my family or I received while enrolled with false information; and
- I may face other penalties and prosecution.

My signature below means the above statement is true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date